

FORM
A19-1A
(Rev. 12/96)



STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

AGENCY NAME

Military Department
Public Assistance Unit, Bldg. 20
Camp Murray TA-20
Tacoma, Washington 98430-5122

VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____
(SIGN IN INK)

(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)

RECEIVED BY

DATE RECEIVED

FIRE MANAGEMENT ASSISTANCE GRANT PAYMENT REQUEST

Payment requested for fire management assistance for the mitigation, management and control of fires burning on publicly or privately owned forests or grasslands, under **Fire Declaration No.** _____

Contract No: _____

Project Costs:

Project/Subproject: _____ \$ _____ (F)

PREPARED BY				TELEPHONE NUMBER ()				DATE		AGENCY APPROVAL				DATE		
DOC DATE		PMT. DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NO.		VENDOR MESSAGE		USE TAX		UBI N UMBER		
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	WORK CLASS	COUNTY	CITY/TOW N	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NO.
				APPN INDEX	PROGRAM INDEX				ALLOC	BUDGET UNIT	MOS					
				ACCOUNTING APPROVAL FOR PAYMENT												